

NHB/NMRTC Bremerton *Caduceus*

A Monthly Recap of info, insight & issues for February, 2022



I Am Navy Medicine – and Blood Bank subject matter expert – Hospitalman Margaret Strah

As related to Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – What began as an exploratory impulse has resulted in professional – and personal– growth for a Navy hospital corpsman.

As well as provide critical life-saving support for those in time of need.

Hospitalman Margaret Strah, from Brook Park, Ohio and Midpark High School class of 2012 graduate, is a an American Society for Clinical Pathology Certified medical laboratory technician assigned to Navy Medicine Readiness Training Command (NMRTC) Bremerton.

She handles the indispensable duty as resident subject matter expert for the hospital's blood bank which includes working as the blood donor recruiter, along with coordinating support for the Armed Services Blood Program.

She also helps conduct hematology, chemistry, urinalysis and microbiology tests, of which last year alone there were 466,349 (tests) done.



Yet five years earlier, being involved in such considerable responsibility was but an abstract notion.

Not anymore.

“My journey with the Navy actually started with a series of why nots. When I was 21 I was working as a front desk clerk at a dental clinic when I received a call from my recruiter. I figured why not go see what they have to say,” said Strah, who demonstrated strong aptitude and decided that the hospital corpsman rate was for her. She enlisted the day before her 22nd birthday.

“By the time I hit corps school I felt so patriotic I was eager to try to get orders to go green side [medical support for the Marine Corps] but ultimately I was ‘voluntold’ for Medical Laboratory Technician School, graduated the program and have been stationed at NMRTC Bremerton ever since,” Strah added.

Her decision to enlist to become a corpsman has been a revelation of sorts.

“The more I read about corpsman history and heritage the stronger the urge I felt to be a part of something that is bigger than myself and make a difference. It’s funny how some things just work out in the Navy. Though I was voluntold for lab school, the longer I was in in the 13 month training, the more interested I was in what I was learning, and just how important lab techs are in the medical world, especially when COVID-19 hit,” said Strah.

Her interest in Navy Medicine is really no accident.

“I’ve always know that I wanted to be in the medical field growing up because it is the best possible way to help people, I just didn’t know how to start,” explained Strah. “I joined the Navy because I really didn’t know where my life was going. I couldn’t afford college so I was working three jobs at once and knew I wanted to be a part of something bigger than myself.”

“The Navy has given me so much in terms of a sense of belonging, a purpose, the greatest friends I could have ever hoped to have and introduced me to my husband who also works at NMRTC Bremerton,” Strah continued. “My future plans when I end my naval career is to continue in the laboratory field and become a medical laboratory scientist.”

Before she accomplishes that lofty goal, Strah’s focus is centered on supporting the Armed Services blood program, with the vital mission to provide quality blood products for service members, veterans and their families worldwide.

“During war time the highest priority is ensuring our troops overseas have the tools to save the lives of those wounded in combat. That is not the only priority. They provide blood products to hospitals all over the world including ours to help everything from emergency services to moms delivering babies,” stated Strah, who has assisted in 12 drives which have resulted in collecting over 180 blood units since March, 2021.

The blood drives are another casualty of the on-going pandemic. With the surge in delta and omicron variant(s) of COVID-19, regular donors have been reluctant and supplies are diminished.

“Since March, 2020, the numbers of donors have declined substantially to the point that earlier this year the American Red Cross declared a national blood crisis. Usually the most needed blood types are O positive and O negative, but all blood types are important. Your donated blood is divided up into four parts: red cells, platelets, plasma, and cryoprecipitate AHF, which helps with clotting. Each part is used for treatments of different diseases,” stressed Strah.

Statistical evidence backs Strah. Every two seconds someone in the U.S. is in need of blood and/or blood product like platelets. On a daily basis across the country, approximately 29,000 units of red blood cells are required.

When supplies were needed ‘down range’ in Afghanistan during Operation Enduring Freedom, up to 1,200 units were being sent on a weekly basis, including 11,000 units of blood in just one week.

“I could go on for hours detailing the science behind blood products and how they help different people but this article would be longer than a dictionary. I just need everyone to understand that just because your blood type isn’t rare doesn’t mean that is not needed. The greatest way you can serve your country and support your fellow shipmates is by donating blood. You never know who is going to need it next,” Strah noted.

Strah says it can be a challenge to convince people to donate. However, once they do, the results speak for themselves.

“One cannot simply force people to give blood. A lot of it stems from a fear of needles to, ‘oh I tried to donate in the past but was turned away,’ and they never try again,” Strah said. “The most gratifying thing is being able to see the positive affect that each drive has. I am able to see the number of units collected at each drive. As a lab tech who works primarily in the blood bank I see first-hand the challenges of obtaining the required amount of blood to keep our inventory stocked. It is extremely gratifying knowing that those who donate ease that difficulty and give a fighting chance during difficult times.”

**Naval Hospital
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When asked what’s been the best part about her career, Strah remarked, “Definitely been the people I have met over the years. From friends who are now like family, and coworkers who make busy workdays bearable and help guide me into getting better in my field. To chiefs and first classes that have been the best mentors around to not only shape my military career but to help me grow into the woman I am today.”

A Taste Made to Order at Naval Hospital Bremerton

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- The aroma of Chicken Carnitas wafted through Naval Hospital Bremerton's Terrace Dining Room a few hours before lunch time.

Must be Taco Tuesday.



The recipe was being prepped by Culinary Specialist 3rd Class Johnathan Schave to serve as a lunch selection for quesadillas on an entirely new menu at NHB.

"I'm a fan of chicken and will definitely go chicken over the beef option," said Schave. "Plus, it's simple to make and really tastes good."

According to Chief Culinary Specialist Miguel Escajeda, a completely revamped menu is offering a wide variety of healthier choices, drawing rave reviews from staff patrons, positive feedback from patients, and has the galley crew upping their epicurean ability.

"We're enjoying being able to make different dishes, many being made from scratch. It is more work for us, but doing this allows our CSs to hone their craft, which is imperative. Plus, a lot of what we're doing now is on the advancement exam, so they will have hands-on experience when it's time to take the test," explained Escajeda.

A 21-day menu cycle has been introduced at NHB, much like used in the fleet, featuring two entrees daily, with a specific theme for each week-day. Monday is 'Italian cuisine,' the aforementioned Taco Tuesday – "or similar style," affirmed Escajeda – followed by 'American traditional' fare such as roast beef or fish on Wednesday, with Thursday having 'Asian inspired' meals and Friday alternating main entrée (s) and speed line offerings between pizza/wings and brunch.

Don't take a bite yet, there's more.

Because even the daily speed line/grill entrée has a whole new lineup. Monday features a Deli Sandwich Bar, with varied breads from ciabatta to whole wheat to rolls, and meats from turkey to ham to salami; Tuesday follows the taco theme, with Wednesday featuring burgers, ranging

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<https://bremerton.tricare.mil/>

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<https://www.dvidshub.net/tags/news/nmrtc-bremerton>

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from beef to veggie.

“Even our burgers are better than before. We use lean ground beef which is 90 percent beef and 10 percent fat. They make a better and much healthier option,” stated Lt. Lorna Brown, Nutrition Management Department head and registered dietitian.

Escajeda noted that burgers and other speed like fare will also be augmented with seasonal additions such as avocados and jalapenos.

Thursday has been reserved for hot dogs.

“As well as corn dogs,” Escajeda added. “We’ll also have home-made chili and all the fixings.”

There’s still more to choose. There’s also an improved salad bar, featuring 18 items, which Escajeda affirms will increase as more fruits and vegetables become available in the upcoming seasons.

There’s also soup of the day, vegetable and starch side dishes to go with the daily entrées, and of course, dessert.

“We’ve gotten a lot of positive feedback from staff at lunch. They’re happy to get fresh, variety and options,” Brown said.

Brown and Escajeda, along with Culinary Specialist 1st Class Adielemerson Angeles, and Retail Service Specialist 1st Class Robertmelbuen Maneclang have lead the command’s Combined Food Operations leading this whole scale change.

They have initiated a project which looked at reducing food waste and overproduction costs in the galley. The cycle menu was put in place to help improve production forecasting, meet predetermined standards of adequacy, acceptability, cost and execution.

The project resulted in:

- 15 percent increase in number of meals served
- By implementing a cycle menu, overproduction cost decreased by 54.1 percent
- Increased patron satisfaction and food consistency
- Increased high-reliability organization goals by implementing standardized menus and recipes
- Streamlined production decreased manpower hours and increased training and education by two hours per week per each culinary specialist
- Improved production forecasting
- Revised inpatient menu choices to include Terrace Dining Room hotline option to further decrease food waste and production time.

Culinary Specialist 2nd Class Cecilia Romeroreyes took on the brunt of the responsibility to ensure all nutritional notes for the inpatient needs, data recipes and more were all entered into a specific database to ensure that right menu items went to the right patient.

“She was such a huge help and did all the heavy lifting for us in getting all that information uploaded,” Escajeda said.

Even the Go For Green labeling has been upgraded.

“They visually explain the wide variety of healthier choices,” said Brown, referring to the Secretary of Navy directive for advancing nutrition efforts to provide healthier eating options which uses a color coded menu – comparable to traffic signals – which visually provide good advice for choosing what to eat.

Brown and Escajeda confirmed that with all the work put in by the Terrace Dining Room galley staff; those they serve still must make the difficult decision.

“The person placing their order has a lot of good, nutritional choices. Every option is good. It can be hard to choose,” remarked Brown.

I Am Navy Medicine – Hospital Corpsman 1st Class Ferrell Jenkins

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- The Black History Month theme this year ‘Celebrating Black Health and Wellness’ does more than just resonate with Hospital Corpsman 1st Class Ferrell Timmie Sison Jenkins.

There’s a definitive personal and professional correlation for the Navy Medicine preventive medicine technician.

“This is a topic new and dear to my very own heart. Black health and wellness means to me an ‘excitement toward action’ in healthy lifestyle modeling for our culture. In my family, meal traditions were ingrained into me about how and what foods we should eat. This also included how meals were prepared and portion sizes to consume, said Jenkins, assigned to Navy Medicine Readiness Training Command (NMRTC) Bremerton, adding that with



information gained throughout his life from such initiatives like ‘MyPlate,’ a program endorsed by Navy Fitness for sustained nutritional guidance and healthy eating, he has seen a gradual transformation in improvement for himself and amongst Black active duty service members.

“I see that our culture’s health and wellness is steadily improving. There’s more awareness about positive health results in being presented and practiced, and there’s a more active acceptance in using support resources for our community for mental health, reproductive health and sexual health services,” Jenkins said.

For Jenkins, a Jacksonville, Fla. native and Samuel W. Wolfson High School 2003 graduate, his Navy Medicine career – as well as upbringing – is steeped in Black health and wellness.

“I grew up in a single parent home where hard work wasn’t just an idea, but a value of life. My mother worked a full and part time job to provide for us. It wasn’t easy. At the age of 15, I worked to help pay bills and support my mother and brother as much as I could. However, I could see how much the work, home, and us was weighing down on my mother. So I decided to make a choice that set me on the path to my naval career,” recalled Jenkins,

who enlisted after high school for his chosen path in Navy Medicine.

“I wanted to be a part of something bigger than myself. Navy Medicine was the answer. Also, I wanted to support our troops fighting in the Middle East and provide medical care for them,” said Jenkins, with over 18 years of service, currently the acting leading chief petty officer for Preventive Medicine Department.

Compiled U.S. Department of Defense statistics up to December, 2021, indicate that out of 1,319,283 active duty personnel, there are 227,974 Black service members, making up 17.3 percent of the aggregate total, compared to 13.4 percent in the U.S.

With the month of February designated to celebrate those 227,974 Black men and women in the armed forces, Jenkins attests that acknowledging the initiatives, efforts and accomplishments is a positive affirmation in continuing to build upon.

“Black History Month has always meant that the quality of our community on active duty service is ever growing with the quantity of those who chooses to serve from the Black community,” Jenkins remarked.

Rear Adm. Bruce Gillingham, Navy surgeon general and chief, Bureau of Medicine and Surgery readily advocates that one of Navy Medicine’s strongest attributes is strength from diversity.

“I am reminded every day of the mission criticality of diversity, inclusion and equity,” stated Gillingham. “This February, Navy Medicine joins a grateful nation in honoring and celebrating the contributions Black Americans have made to our nation and our Navy.”

From a career spanning providing medical support to his Marines in Iraq to helping contain the ongoing pandemic, Jenkins continues to make a positive impact, personifying Black health and wellness contributions as part of Navy Medicine.

“For me, being in the Black community as a medical professional denotes Black health and wellness. Not only have I provided attributes to the Navy from my background, but also was able to active participate health and wellness programs offered to our community and share them,” Jenkins said.

Along with his current assignment, Jenkins’ Navy Medicine career has taken him to Naval Hospital Camp Lejeune; 2nd Medical Battalion, 2nd Food Service Support Group, 2nd Marine Logistics Group (also Camp Lejeune); Combat Service Support Group 9 (Combat Logistics Regiment 25) in Operation Iraqi Freedom III; U.S. Naval Hospital Guantanamo Bay; Navy Environmental Preventive Medicine Unit 2, Norfolk Va.; Camp Arifjan, Kuwait in support of Operation New Dawn; USS John C. Stennis (CVN 74); and naval clinics at Navy Medicine Readiness Training Unit Mayport and Pearl Harbor.

He has held a variety of positions, from platoon leader at Hospital Corpsman “A” School to directorate and departmental level leading petty officer for various commands and a host of collateral duties such as assistant command fitness leader; command managed equal opportunity coordinator and command process improvement coordinator.

As has been the case with much of his command, Jenkins and other preventive medicine technicians continue to respond and provide support to help stop the spread Of COVID-19.

They conduct initial contact tracing and screening for symptoms, handle close contact and follow-up investigations, manage swab exercise testing and help coordinate administering COVID vaccinations.

“My team actively monitors, reports, and educates on the latest COVID -19 guidelines in service of homeport ships and crews, naval station active duty staff, and adjacent tenant commands and activities for the Navy’s third largest fleet concentration in the Pacific Northwest,” stated Jenkins.

When asked to sum up his experience with Navy Medicine in one sentence, Jenkins replied, “It was the best choice I’ve ever made; wouldn’t change a thing!”

Answering the Call - NHB physician recalls New Mexico deployment

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- Navy Medicine's recent deployment to the Four Corners region of the American Southwest didn't rely on a sextant to navigate the course.

It was care, compassion and concern for those in need which piloted Navy Medicine physicians, nurses and hospital corpsmen to help handle an surge of COVID-related patients and assist with saving lives at San Juan Regional Medical Center, Farmington, New Mexico.

"COVID-19 is the single most lethal domestic biologic enemy in the history of our country. I was honored to answer the call to duty to defend America," said Cmdr. Arriel E. Atienza, Naval Hospital Bremerton family physician and chief medical officer of the Navy Medicine deployment effort.



The Four Corners region – New Mexico, Arizona, Colorado, Utah – includes the Navajo, Hopi, Ute and Zuni Native American nations with SJRMC providing medical care to the approximately 150,000 patient catchment area.

Leading to the arrival of Atienza and Navy Medicine's medical team from Dec. 6, 2021, until Feb. 4, 2022, the hospital had for weeks been overwhelmed beyond the norm, severely taxing hospital staff.

According to Atienza, the medical team of approximately 20 personnel were deployed at the request of the state of New Mexico, as directed by and in coordination with the Federal Emergency Management Agency (FEMA), and in coordination with U.S. Northern Command under the Department of Defense (DoD) to augment SJRMC response – and the state's healthcare system – against the highly infectious disease.

There were individual as well as team challenges for Atienza and the military medical personnel he accompanied.

"The greatest personal challenge was complete and total immersion in hospitalist inpatient medicine after a nearly five-year hiatus from the in-depth, 'in the trenches' use of those clinical skills," said Atienza. "A lot of what I did as a hospitalist is the norm for inpatient medicine and fully expected of someone assigned to that role, just not the

stuff that I regularly did at other assignments, like with the III Marine Expeditionary Force in Okinawa.”

Along with those admitted for COVID, there were a host of other critically ill patients needing care. Among the personable, hands-on treatment he provided as a hospitalist were tasks which included setting up a patient’s meal tray while at the bedside while performing a history and physical exam, and deriving a diagnostic and testing plan for a hospitalized patient to confirm or discount a new diagnosis of cancer.

There were also honest and difficult moments, such as, “telling a patient that his alcoholic liver disease was so bad that statistically he had less than six months to live unless he received a liver transplant,” recalled Atienza.

The greatest team challenge for Atienza was coordinating and clarifying his team’s roles, responsibilities and duties between the expectations of the Navy and the desires of the overwhelmed hospital system at SJRMC.

“The Navy Medicine teams deployed domestically for these missions want to, and are expected to, jump in feet first and establish some element of control over a situation. This could have been problematic when the hospital we were assigned to support already had systems in place that worked for them and their recognized community. Our job was to strategically insert into the existing systems to provide tangible relief that would make a felt difference at the hospital that the Navy would recognize as tangible, quantifiable, reportable, and effective,” explained Atienza.

With the primary focus of Navy Medicine on operational readiness, Atienza affirms that priority was evident in their daily collaboration and work with the hospital staff. Rear Adm. Bruce Gillingham, Navy surgeon general and chief, Bureau of Medicine and Surgery traveled to the locale to see for himself.

“The surgeon general himself visited our team, Dec. 13, 2021, and personally reinforced that our mission, as part of a joint-task domestic medical response team, was the epitome of contributions to his priorities. Hard to get more poignant than that,” Atienza related.

As the chief medical officer directly overseeing the Navy support efforts, Atienza and his team completed 10,500 man-hours in providing care for over 5,440 patient encounters in the region severely impacted by the pandemic, which during their time there had one of the highest percentages of positive cases per capita in the U.S.

Their collective as well as individual efforts did not go unnoticed by Navy leadership. Under Atienza’s leadership, 19 joint commendation medals were produced, along with 14 armed forces service medals and nine humanitarian service medals. The team also achieved 13 certifications for Advanced Cardiac Life Support and Pediatric Advanced Life Support.

Atienza was noted for “demonstrating impressive inpatient skills, attention to detail, and great care for his patients.” As the de facto chief of staff he was cited for ensuring mission accomplishment and reinforcing the staff’s personal and professional needs. As senior physician, he provided critical counsel regarding individual medical and personal challenges in handling all team responsibilities.

A Bremerton, Wash. native, Atienza attests that he has “literally been around the world.”

He has been assigned on both coasts, from the II Marine Expeditionary Force, Camp Lejeune, North Carolina, and with Fleet Surgical Team Four, Norfolk Virginia, to NMRTC/Naval Hospital Bremerton, twice actually, as a resident physician and back again as staff physician, division officer and medical director for the Immunization Clinic. He has been stationed overseas for several tours to Okinawa, Japan, with the III MEF as a group surgeon, then as a brigade surgeon at U.S. Naval Hospital Okinawa. Even before his Navy Medicine career took off, as a surface warfare officer, there was a tour on the guided missile destroyer USS Momsen (DDG 92) and the Supply-class fast combat support ship USS Rainier (AOE 7).

But not to the Southwestern U.S. in an official capacity.

Until now.

“For a medical provider deployed domestically in the fight against COVID-19, that means taking off the rank, listening compassionately to a severely ill American citizen laying in a bed in a medically underserved area or in an exhausted hospital, and devising and coordinating a treatment plan that increases their likelihood for health and recovery. I am privileged to see and support the Navy Department and Navy Medicine across its vast influence over the wellbeing of our citizens and our country,” stated Atienza.

Keeping Oral Cancer from being a Mouthful at Naval Hospital Bremerton

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- Through with the chew?

The annual Great American Spitout, February 24, 2022, is an ideal reminder to help start the process.

Ready to quit the spit?

Navy Medicine Readiness Training Command (NMRTC) Bremerton's Tobacco Cessation counselor, along with the Dental/Oral Surgery team are here to help.

Had enough of the snuff?



Patrick Graves, NMRTC Bremerton's Tobacco Cessation counselor advocates that the benefits far outweigh the risks when it comes to quitting a habit like smokeless tobacco.

Smokeless tobacco is really a super concentrated form of nicotine, equal to 3.5 packs of cigarettes.

"That makes it all the more addictive," Graves said, citing compiled Department of Defense statistics that show chewing tobacco is used by almost one in five 18- to 24-year-old military males, approximately 19 percent, almost twice the national average. "Dip is not a safe alternative to smoking because the body absorbs 3-4 times more nicotine, making it potentially more addictive than cigarettes."

"Which is hard to conceptualize as a 20-something year old Sailor or Marine who thinks they're almost indestructible," continued Graves. "Cancer is the big scare, but often overlooked is the lung disorders, cardiovascular diseases and others which take place.

People who use smokeless and other tobacco products have heard such talk before. Who doesn't know the dangers of nicotine? So what are the benefits for someone to forgo their smokeless tobacco?

Graves affirms that quitting smokeless tobacco can positively impact any former-user physically with improved hygienic changes of brighter teeth and fresher breath, and professionally by improving their readiness with increased endurance due to better lung capacity, less injuries and less time off due to illness. Quitting can even enhance night vision.

There's also a financial incentive.

"Cigarettes are about ten bucks a pack, and dip is not inexpensive either," Graves said.

Quitting can save a smokeless tobacco user money. The Department of Defense cost savings calculator can show a person just how much of their money is basically going up in smoke.

"If there is a person out there who is using dip and/or smoking and is thinking about quitting, now is the best time. If they are experiencing symptoms like high blood pressure, recurring cough, and/or shortness of breath, then they need to ask themselves what they're waiting for. If they are holding out for some worst-case scenario, it's already happening. Chewing tobacco is subtle," Graves said.

Graves is a staunch believer – and supporter – that anyone can stop using smokeless tobacco. It's not easy. It takes an average of four to seven times just to attempt to quit, to quit. It's taking on an addictive substance which does not like to be told what to do. There are available tools – patches, gum, lozenges – as well as medication. He suggests that a user make a detailed plan for quitting, including such helpful pointers as:

- Write down your reasons for quitting and keep them on hand at all times. A good tip is to consider keeping them in the pocket that was used to store a can of chew.
- Pick a date and work backwards to get that start date. It is recommended that a user begin to taper tobacco use two to four weeks prior to the actual tobacco-free date.
- Identify what triggers using any tobacco product, and how can a user quitting the habit cope when the craving hits.
- Enlist the help of family and friends for support.
- Try replacing smokeless tobacco with a healthy alternative, such as sunflower seeds, toothpicks or sugar-free gum/candy.
- Change up the routine. If a user chewed/dipped during the morning commute, then take a different route or ask a friend to carpool.

If there's a front line in the ongoing struggle to deal with the impact of smokeless tobacco, the Navy Dental Corps is helping to lead the charge for change on the chew. Dental services at Naval Hospital Bremerton and associated clinics located at Naval Base Kitsap Bangor and Naval Station Everett are proactive in educating and reminding those they care for on the health risks associated with smokeless tobacco.

"Our dental community colleagues tend to see the impact of what chewing tobacco can do a lot earlier than I," said Graves. "They are really good at recognizing early warning signs such as a pre-cancerous lesion. When a dentist, hygienist or technician says to a patient, 'that looks bad,' that patient tends to listen."

During every annual dental checkup for an active duty member, the teeth as well as oral soft tissue are examined. The thorough screening can detect any of those potential pre-cancerous lesions before they become a problem. Tooth decay and gum recession can also be identified and treated at early stages.

There are other tell-tale signs for a dentist to see during an exam of someone who uses smokeless tobacco products. There might be tenderness, burning, or sore throat irritation. There can be numbness or sensitivity anywhere in the mouth or lips, development of a lump inside the mouth, color changes to oral soft tissues, difficulty with chewing, swallowing, speaking, or moving the tongue or jaw, or any changes in the way the teeth fit together.

Smokeless tobacco also breaks down gum lines, stains teeth, and is a prime source of halitosis/bad breath.

"If the measuring stick for a person is that they will quit if they get a pre-cancerous lesion, they might have already lost the battle," added Graves. "If anyone who chews begins to notice that they have a white patch in their mouth or receding gum lines, they need to contact their dentist immediately."

Graves encourages anyone who is thinking of quitting cigarettes or smokeless tobacco to contact their primary care doctor, unit/ship/boat corpsman. He can also be reached at (360) 475-4818, or at noon every Friday at the Bangor clinic.

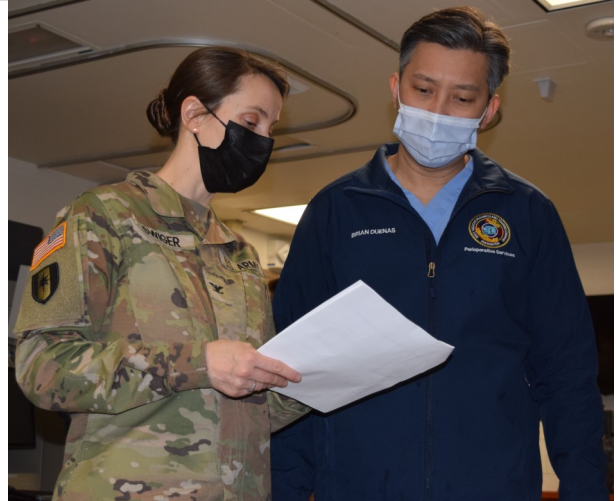
Lights, camera, action...

In conjunction with a pending tri-service study out of Fort Sam Houston, a team from Madigan Army Medical Center, with Col. Pauline Swiger, Center for Nursing Science and Clinical Injury chief and consultant to the Army SG for Nursing Research, along with Senior Nurse Scientist, Mary S. McCarthy, enlisted NMRTC Bremerton help in developing an Evidence-Based Joint Professional Practice Model for all corps.

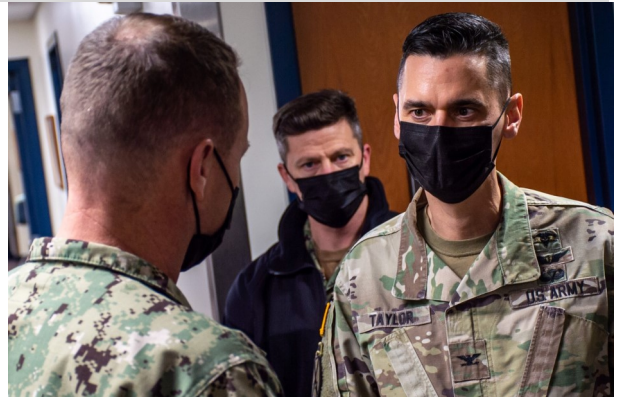
According to Swiger, "the corps chiefs from the three services are in support of this project through the Tri-Service Nursing Research Program."

However, there was a need for Navy-Specific footage.

Which is where NMRTC Bremerton's casting call was answered...



NHB/NMRTC Bremerton hosted Col. Jonathan Taylor, Puget Sound Military Health System market director and Madigan Army Medical Center commander, Feb. 15, 2022, for a meet-and-greet and fact finding tour of the Navy's third largest fleet concentration...



Mad Props, shout-outs, and kudos to our Marialuz R. Morse, of Pediatrics Department, recognized by the Five Star Customer Service Recognition Program as the **Employee of the Year 2021**.

“Her recognition was awarded for demonstrating superior performance in the delivery of stellar customer service, and her steadfast dedication to patient care is truly commendable.”

